

## Instructions for the Application for Licensure

The enclosed application for licensure in the Commonwealth of Kentucky is for both the registered nurse and licensed practical nurse. Please read the application and follow these instructions carefully. **If your application is incomplete in any required section, it will be returned to you. The application will NOT be processed until a completed application is returned.** Boxes are provided on this instruction sheet for you to mark those areas of the application that you have completed. **Should you have questions regarding any section of the application, contact the Kentucky Board of Nursing (KBN) at 502-329-7000 or 800-305-2042.**

**Licensure application fees and requirements are subject to change. Application fees are non-refundable.**

<b>Fees are as follows:</b>	Examination	\$110	Reinstatement	\$120
	Endorsement	\$120	Change to Active Status	\$95
			Change to Inactive Status	\$95

You are required to complete the following sections of the application related to your method of application:

<b>Method of Application</b>	<b>Complete These Sections</b>
Examination	1, 2, 3, 4, 5, 6, 7, 11, 12
Endorsement	1, 2, 3, 4, 5, 6, 9, 11, 12, Either Attachment 2 or the NurSys Form
Reinstatement	1, 2, 4, 5, 6, 8, 10, 11, 12, Attachment 1 (If Applicable)
Change to Active	1, 2, 4, 5, 6, 8, 10, 11, 12
Change to Inactive	1, 2, 4, 5, 6, 8, 10, 11, 12

## Section 1: Biographical Data

- ☐ Using capital letters, clearly print your name, address, and all other information requested. Darken the appropriate circle in each of the questions. **If the name on your application differs from your name on any other documents submitted with this application, you must include a copy of legal name change documentation with this application.** You are required to notify the KBN office in writing of any subsequent address or legal name change within 30 days. **If you are NOT a U.S. citizen, you must include a copy of legal immigration documentation.**

## Section 2: Type and Method of Application

- ☐ Darken the appropriate circle to indicate the type of license you are requesting (RN or LPN) and the method of application:
- (1) **Examination:** You will be taking the NCLEX licensing examination.
  - (2) **Endorsement:** You hold an active license in another state and are requesting a Kentucky license.
  - (3) **Reinstatement:** Your Kentucky license expired, and you want the same type license in Kentucky again.
  - (4) **Change to Active Status:** You have an inactive Kentucky license and want an active license.
  - (5) **Change to Inactive Status:** You have an active Kentucky license and want an inactive license.

## Section 3: Applicant's Nursing Education

- ☐ Please provide information on your basic nursing program/school. **The information requested in this section must reflect the educational preparation for the type license you are now applying.** For example, if you are an LPN and are applying to Kentucky for an RN license, the school information you provide in this section must reflect the RN program. Similarly, if you are an RN and graduated from a diploma or associate degree program and continued your educational preparation to a BSN or higher level, the information provided in this section must reflect the FIRST nursing program completed. Select the TYPE of program from the choices provided.

**Additional Education:** Lines are provided for you to list any additional educational programs from which you have graduated and earned a diploma/degree. If additional space is needed, you may attach a separate sheet or a resume. **To receive a Kentucky license, you must have graduated from an approved nursing program.**

- ☐ If you were not educated in the U.S., refer to the insert entitled "Foreign Educated Applicants for Licensure."

## Section 4: Disciplinary History

- ☐ **All applicants must complete this section.** All boards of nursing report disciplinary actions taken on nurses' licenses to the NCSBN. If you have had disciplinary action taken by another nursing board, you must include a copy of the board's action and a letter of explanation with this application. Failure to report a disciplinary action on the application for licensure is deemed to be falsification of the application and is subject to disciplinary action by KBN. **Note that the questions in this section require the reporting of any disciplinary actions EVER taken on your license.**

## Section 5: Criminal History

- ☐ A criminal history search is completed on applicants for licensure in Kentucky. Failure to report any criminal activity is deemed to be falsification of the application and is subject to disciplinary action by KBN. **Note that the questions in this section require the reporting of any criminal convictions EVER received.** You must submit a certified copy of the court record of each misdemeanor or felony conviction in any jurisdiction and a letter of explanation that addresses each conviction EXCEPT for traffic related misdemeanors (other than DUIs) OR misdemeanors older than 5 years. It may take more than 3 months for the Board to review criminal convictions. File your application at least 4 months prior to your anticipated date of employment in Kentucky, or at least 2 months prior to graduation, as applicable. **If you previously applied for or received a Kentucky nursing license, indicate whether any misdemeanors or felonies you had were previously reviewed by KBN.**

## Section 6: Employment in Kentucky as an LPN, RN, or ARNP

- ☐ Complete this section only if you have accepted employment as a nurse in Kentucky. Do NOT complete this section if you are employed in Kentucky in an unlicensed or non-nursing position.

## Section 7: Application for Licensure by Examination

- ☐ Complete this section only if you are a new graduate and are applying for an initial license by examination. The application for licensure will be valid for a period of one year from the date it is received in the KBN office. A new application and fee are required each time NCLEX is taken.
- ☐ **You must submit a criminal background check with your application for licensure. This document is obtained from the Administrative Offices of the Court (see enclosed form). Your application will NOT be processed and you will NOT be made eligible to test until the criminal history report is received.**
- ☐ **EVIDENCE OF GRADUATION**
- Graduates of in-state programs of nursing:** Your school must submit your name on a certified list of graduates to the KBN office before you can be made eligible to test.
- Graduates of out-of-state programs of nursing:** You are required to provide an official copy of your transcript. If you graduated from an out-of-state program, request that an official transcript, with your final degree posted, be sent directly to the KBN office from the prelicensure nursing program.
- ☐ **HIV/AIDS EDUCATION REQUIREMENT**
- Two contact hours of HIV/AIDS education are required for licensure in Kentucky.** Information on applicable courses is enclosed.
- Graduates of in-state programs of nursing met this requirement in the prelicensure education program. Graduates of out-of-state programs of nursing must submit evidence of earning 2 hours of HIV/AIDS CE within 6 months of licensure. **If you fail to submit evidence of compliance, you will be subject to disciplinary action.** If you need information on where to obtain approved HIV/AIDS CE credit, see the enclosed form "Kentucky HIV/AIDS Education Program."
- ☐ **DOMESTIC VIOLENCE EDUCATION REQUIREMENT**
- You are required to earn 3 hours of domestic violence CE within 3 years of receiving your Kentucky nursing license (this is a one-time only requirement). If you graduated from a Kentucky nursing program after 5/1/98, this requirement was included in your school's curriculum.
- ☐ **NATIONAL COUNCIL LICENSURE EXAMINATION (NCLEX) CANDIDATE BULLETIN**
- Read the enclosed NCLEX "Candidate Bulletin" and follow the instructions. The NCLEX registration form is in the envelope in the center of the booklet. If you have questions regarding the examination, check the inside front cover of the bulletin for information on whom to contact. You must register with the test center before you can be made eligible to test. If you register via the Internet or by telephone and provide the testing service with your e-mail address, you will receive your authorization to test (ATT) within 24 hours of being made eligible to test. If you mail your registration to the test service, it may take up to 12 weeks to receive your ATT.

## Section 8: Advanced Registered Nursing Practice

- ☐ If you wish registration as an advanced registered nurse practitioner, you must file two separate applications (one to be licensed as an RN in Kentucky, the other to be registered as an ARNP). There is a separate fee for each application. Contact KBN for the ARNP application packet, if you have not yet done so.

## Section 9: Application for Licensure by Endorsement

Complete this section **ONLY** if you hold a current active license to practice nursing in another state. The application for licensure by endorsement is valid for 6 months from the date received at the KBN office. If you fail to complete all requirements for licensure within that 6-month period, you will be required to file another application and pay another \$120 application fee.

### ☐ TEMPORARY WORK PERMIT

Once a **COMPLETED** application is received, a temporary work permit (TWP) may be issued. A TWP is valid for a period of no more than 6 months from the date it is issued and may not be renewed. In Kentucky, an individual must hold either a TWP issued by the KBN or a current active KENTUCKY license to practice nursing. Unless a license is issued before your TWP expires, you may not practice nursing in the Commonwealth of Kentucky. If you work as a nurse after the TWP expires, you are subject to disciplinary action by this Board.

It is your responsibility to assure that the two requirements listed below are met. If either or both of these requirements are **NOT** met, you will not be issued a Kentucky nursing license. If your application and TWP expire, you must reapply and cannot work in Kentucky until a license is issued.

- ☐ Copy of certificate of earning two contact hours of HIV/AIDS has been received at KBN.
- ☐ Verification of licensure from your original state of licensure, or through National Council NurSys, has been received at KBN.

It is imperative that you assure that these above two requirements are met at least 14 days before your TWP expires to assure that your permanent license will be issued before the 6-month expiration date.

### ☐ NAME CHANGE/ADDRESS CHANGE

If the name on your application will differ from that of any other documents received by the KBN, you must submit copies of the legal name change documentation with this application. Address changes must be in writing.

### ☐ TRANSCRIPTS

Transcripts are required of applicants who: (1) were originally licensed in California, Florida, Illinois, Utah, Iowa, or Kansas; (2) were licensed by their original state of licensure before graduating from their nursing program; or (3) as requested by this Board. **Original transcripts must be sent to KBN directly from the prelicensure nursing program.**

### ☐ COMPETENCY VALIDATION

If you have been licensed longer than 5 years, you must have:

- ☐ Worked as a nurse at least 500 hours within the 5 years preceding the date your application is received by KBN.
- OR ☐ Worked as a nurse at least 100 hours within the 5 years preceding the date your application is received by KBN. **Contact the endorsement specialist; a TWP will not be issued until the CE requirement is met.**
- OR ☐ Complete a KBN approved refresher course if you have not worked as a nurse at least 500 hours within the 5 years preceding the date your application is received by KBN.

### ☐ VERIFICATION OF LICENSURE (Attachment 2 or NurSys Form)

If your state is listed on the NurSys Form, you **MUST** complete that form. If your state is **NOT** listed on the NurSys Form, complete the top portion of Attachment 2 and send it to your state of original licensure. The form will then be sent by that state **DIRECTLY** to this Board. Contact your state of original licensure for possible fees related to this service.

### ☐ CURRENT ACTIVE LICENSE

A copy of a current active license, showing an expiration date, must be sent with this application. If your card requires a signature, it must be signed.

## Section 9: Application for Licensure by Endorsement (continued)

- ☐ **HIV/AIDS CE**  
Two contact hours of HIV/AIDS education are required before a license will be issued. HIV/AIDS education credits must be earned within the two years prior to the date your application is received at the KBN office. Documentation on where to obtain approved HIV/AIDS CE credit is included with this packet of information.
- ☐ **DOMESTIC VIOLENCE CE**  
You are required to earn three contact hours of CE in domestic violence within three years of receiving your permanent Kentucky license (this is a one-time only requirement).

## Section 10: Application for Licensure by Reinstatement or Change of Status

- ☐ **NAME CHANGE:** If you have changed your name since the last time you were issued a Kentucky license, you must submit a copy of a legal name change document with this application.
- ☐ **STATUS OF LICENSURE REQUESTED:** Darken the circle indicating the status of the license you are requesting.
- ☐ **REINSTATEMENT TO OR CHANGE TO ACTIVE STATUS:** Choose the method you wish to use to validate competency:
- ☐ **500 hours of employment as a nurse in another state within the last five years.** If you choose this method, include with this application:
    - ☐ A copy of a current, active nursing license from the state where you worked the 500 hours as a nurse.
    - ☐ Complete the top portion of the enclosed verification of employment form (Attachment 1), send it to the employer who will verify your employment, and request the employer to complete the form and mail or fax it to the KBN office. **The employer must send the verification of employment form DIRECTLY to the KBN office. No Kentucky employment will be accepted.**
  - ☐ **Continuing Education:** Submit copies of the number of CE credits listed on the application. At least 30 CE credits must have been earned within the past 2 years, and none earned more than 5 years preceding the date of the application will be accepted. **If the application is not post-marked before November 1, the CE requirement will change, and you must contact the KBN office to determine the correct amount needed.**
  - ☐ **Refresher Course:** If you have not worked as a nurse at least 500 hours within 5 years of the date of this application, you must complete a KBN approved refresher course.
- ☐ **REINSTATEMENT TO OR CHANGE TO INACTIVE STATUS:**
- ☐ **You are NOT required to provide proof of employment or CE credits if you are changing to or reinstating to inactive status.**
  - ☐ **RETURN YOUR CURRENT ACTIVE KENTUCKY LICENSE**  
You must return your current active Kentucky license with this application if you are changing your Kentucky licensure status from active to inactive. **You may not be employed as a nurse in Kentucky if your Kentucky license is inactive.**
- All applicants for reinstatement or change to active status must present proof of earning three contact hours of domestic violence CE before a license will be issued.**

## Section 11: Accountability and Responsibility

- ☐ The portion of nursing law cited in this section explains the accountability and responsibility of all nurses licensed to practice nursing in the Commonwealth of Kentucky. **Please read it carefully.**

## Section 12: Notary

- ☐ All applications must be notarized. Do not sign the application until you are in the presence of a Notary Public. **Read this section carefully as you are held legally accountable for the truthfulness and validity of the information you provide on the application.**

## Photograph

- ☐ **A passport photograph, taken no more than six months prior to the date the application is notarized, must be submitted with this application. The photo must be attached in the space provided.** Print your name on the back of the photo in case the photo should become separated from the application.

Visit KBN's website at <http://kbn.ky.gov> for forms, CE requirements and providers, regulations, and other licensure info.

**APPLICATION FOR LICENSURE****APPLICATION FEE IS NON-REFUNDABLE****Kentucky Board of Nursing**

312 Whittington Pky, Suite 300

Louisville, KY 40222-5172

502-329-7000 or 800-305-2042

**Print clearly using capital letters and black ink. Refer to instruction sheet before completing this application.****Method of Application****Complete These Sections**

Examination

1, 2, 3, 4, 5, 6, 7, 11, 12

Endorsement

1, 2, 3, 4, 5, 6, 9, 11, 12, Either Attachment 2 or the NurSys Form

Reinstatement

1, 2, 4, 5, 6, 8, 10, 11, 12, Attachment 1 (If Applicable)

Change to Active Status

1, 2, 4, 5, 6, 8, 10, 11, 12

Change to Inactive Status

1, 2, 4, 5, 6, 8, 10, 11, 12

**Section 1: Biographical Data**

Last Name

First Name

M.I.

Maiden Name

Male: ☐Female: ☐

Street

City

State

Zip

County

Daytime Phone

Home Phone

Social Security #

Date of Birth

U.S. Citizen? Yes ☐ No ☐

If you answered "no" you must provide a copy of your immigration documents with this application.

Was your nursing education received in the United States?

Yes ☐ No ☐If no, do you hold a certificate from the Commission on  
Graduates of Foreign Nursing Schools (CGFNS)?Yes ☐ No ☐**Read the instruction sheet for additional  
information if you graduated from a  
program outside the United States.****Section 2: Type and Method of Application****This section indicates the type of license and method by which you wish to apply for licensure. Only one circle in each area should be darkened. Please refer to the enclosed instructions to verify license type and method.**License Type: RN ☐ LPN ☐Application Method: If you have never held a Kentucky license: Endorsement ☐ Examination ☐If you hold or held a Kentucky nursing license: Reinstatement ☐ Change to Active Status ☐ Change to Inactive Status ☐**Section 3: Applicant's Nursing Education****Answer the following questions about the nursing education that is the basis for this application. If you are an LPN applying for licensure as an RN, the information you provide in the spaces below must reflect your RN nursing education.****Basic Program of Nursing Name (Name of School):****Office Use Only**

Name

PON Code:

City

State

Country  
(If not USA)Month & Year  
Entered:Month & Year  
Graduated:Type of Nursing Program: Voc-Tech/LPN ☐**Additional Education:** (Please attach resume or a separate paper if additional space is needed.)RN Diploma ☐ADN/AAS ☐BSN ☐Other ☐Name of  
School

City

State

Month & Year  
Graduated:

Degree Earned:

List Type

## Section 4: Disciplinary History

The Kentucky Board of Nursing searches the National Council of State Boards of Nursing's Disciplinary Data Bank for disciplinary actions taken against nurses' licenses by other boards of nursing. If you answer "yes" to any of these questions, begin a detailed explanation on the lines provided in this section and attach additional sheets as necessary. If you had more than two disciplinary actions, list them on a separate sheet of paper. You must attach a certified copy of the Board's action with this application. **YOUR APPLICATION WILL NOT BE PROCESSED UNTIL THESE DOCUMENTS ARE RECEIVED.** Darken the appropriate circle and print in the boxes provided.

Have you ever been denied a nursing license?  
(For reasons other than failure to pass State Board Exam/NCLEX)

**If yes, list STATE and YEAR**

Yes ☐ No ☐


 - 



 - 


Has your nursing license ever been subject to disciplinary action?

Yes ☐ No ☐

		-				
		-				

Do you have disciplinary action pending on your nursing license in any state(s)?

Yes ☐ No ☐


 - 


Continue on a separate sheet of paper

## Section 5: Criminal History

The Kentucky Board of Nursing conducts a criminal history search on licensure applicants. If you answer "yes" to any of the following questions, begin a detailed explanation on the lines provided in this section and attach additional sheets as necessary. If you had more than two misdemeanors and/or felonies, list on a separate sheet of paper. You must attach a court certified copy of the records relating to the convictions with this application. Court certified documents must contain an official seal and signature of a court officer. **YOUR APPLICATION WILL NOT BE PROCESSED UNTIL THESE DOCUMENTS ARE RECEIVED.** Darken the appropriate circle and print in the boxes provided.

Have you ever been convicted of a misdemeanor(s)?

**If yes, list STATE and YEAR**

Yes ☐ No ☐


 - 



 - 


Have you ever been convicted of a felony(s)?

Yes ☐ No ☐


 - 


Since you last applied for or were issued a Kentucky nursing license, have you had any misdemeanors or felonies?

Yes ☐ No ☐ Never Applied/  
Licensed in KY

Continue on a separate sheet of paper

## Section 6: Answer Only if you are Employed in KY as an LPN, RN, or ARNP

**Date of Kentucky Employment:**







 - 







 -

Employed as: RN ☐ LPN ☐ ARNP ☐

[illegible][illegible]

Employer's Telephone: 

--	--	--

 - 

--	--	--

 - 

--	--	--	--

## Section 7: Application for Licensure by Examination (Valid for One Year)

Complete this section **ONLY** if you have **NOT** been licensed as a nurse in any state or jurisdiction. If you are an LPN now applying for licensure as an RN and have **NOT** taken the National Council Licensing Examination (NCLEX) for RNs, complete this section.

You must be registered with NCLEX test service before this application will be processed.

You must submit with this application a copy of a criminal history background check obtained from the Administrative Offices of the Court (form enclosed). **THIS REPORT MUST BE RECEIVED BEFORE YOUR APPLICATION WILL BE PROCESSED AND BEFORE YOU WILL BE MADE ELIGIBLE TO SIT FOR THE LICENSURE EXAMINATION.**

Have you taken the NCLEX exam in another state? Yes ☐ No ☐ If yes, was that exam for licensure as a: RN ☐ PN ☐

Have you enclosed the results of a criminal history report with this application? Yes ☐ No ☐

Nurses educated outside of Kentucky must (1) have the program of nursing send the Kentucky Board of Nursing an official transcript showing the date the degree was granted and (2) complete two hours of Cabinet for Health Services (CHS) HIV/AIDS education. If you do not submit evidence of meeting the HIV/AIDS requirement with this application, signing this application constitutes an agreement that such evidence will be submitted to the Board within six months from the date the application is notarized. Failure to do so will result in disciplinary action. Nurses educated outside of the USA must have educational credentials evaluated by CGFNS. (See enclosed instructions for additional information.)

## Section 8: Advanced Registered Nurse Practitioner Information

If you seek licensure as a RN and registration as an ARNP, you must file a separate application for each. Darken the circle below for the appropriate ARNP application.

ARNP Specialty Type: Anesthetist (Cd A3) ☐ Midwife (Cd M4) ☐ Practitioner (Cd P5) ☐ Clinical Specialist (Cd S6) ☐

## Section 9: Application for Licensure by Endorsement (Valid for 6 Months)

Complete this section if you are currently licensed in another state or jurisdiction and that license is the type for which you are now applying. Applicants by endorsement **MUST** submit a copy of a current active nurse's license with this application and **MUST** request their state of original licensure to send a verification of licensure to this board (form enclosed).

State   & Year    of Original Licensure as RN State   & Year    of Original Licensure as LPN

Have you been actively engaged in the practice of nursing for at least 500 hours within the last 5 years?

Yes ☐

No ☐ If you mark "no," select from the following:

☐ I have been licensed longer than 5 years [Evidence of continuing education is required. Contact us at the number listed on the instruction sheet for further information.]

☐ I have NOT been licensed longer than 5 years. [No "Verification of Employment" or CE is required.]

Nurses applying for licensure by endorsement **MUST** submit evidence of having earned two contact hours of HIV/AIDS education. You must request a licensure verification from your state of original license. See instructions for correct form. If your nursing education was not received in a U.S. jurisdiction, see the instructions for additional requirements.

## Section 10: Application for Licensure by Reinstatement or Change of Status

For which licensure status are you applying? Active ☐ Inactive ☐ If you are changing to inactive status, you are NOT required to submit a recent photograph.

If you are reinstating or changing to an active status, you must provide a copy of 3 contact hours of domestic violence CE and one of the following: (Indicate your choice by marking **ONE** of the boxes and submitting the required documentation.)

☐ **Verification of 500 hours of employment as a nurse within the last 5 years in another state.** If you choose hours of employment, you must submit with this application a copy of a current active license from the state where you were employed those 500 hours. **OR**

☐ **Continuing education credits.** The number of contact hours you need is \_\_\_\_\_. The number of contact hours required for licensure changes November 1 of every year. If this application is not post-marked by November 1, contact the Board office to determine the correct number of hours needed.

If you have chosen to go from an active to an inactive Kentucky license, you **MUST** return your active license with this application. You are **NOT** permitted to be employed as a nurse in Kentucky without a current active license.



Social Security #:  -  -

## Section 11: Responsibility and Accountability of Kentucky Licensed Nurses

KRS 314.021(2): ALL INDIVIDUALS LICENSED UNDER PROVISIONS OF THIS CHAPTER SHALL BE RESPONSIBLE AND ACCOUNTABLE FOR MAKING DECISIONS THAT ARE BASED UPON THE INDIVIDUAL'S EDUCATIONAL PREPARATION AND EXPERIENCE IN NURSING AND SHALL PRACTICE NURSING WITH REASONABLE SKILL AND SAFETY.

## Section 12: Notary - All Applications Must Be Notarized

I certify that I am the person referred to in the foregoing application for licensure in the Commonwealth of Kentucky and who is pictured in the enclosed photograph; that all statements contained herein and on all attachments are true and correct in every respect; that I have read and understand this application and all requirements stated therein. I further understand that all information on this application is subject to an audit for verification and that the falsification of any information contained herein will be cause for disciplinary action.

Signature of Applicant

SEAL

Subscribed and sworn to before me by \_\_\_\_\_  
(Print Applicant's Name)

on this date:  -  -

Notary Public \_\_\_\_\_ State of

My Commission Expires  -  -

Office Use Only

HIV/AIDS in PON: \_\_\_\_\_

Make check or money order payable to:  
Kentucky Board of Nursing

**FEES ARE NOT REFUNDABLE  
AND ARE SUBJECT TO CHANGE**

Fees are as follows:  
Examination: \$110  
Endorsement: \$120  
Reinstatement: \$120  
Change to Active Status: \$95  
Change to Inactive Status: \$95

Passport Photograph

This space to contain a recent  
passport photograph.

Picture must fit in this area.

Only passport photos will be  
accepted.

Tape photo in this section.

Print your name on the back of  
your photo.

If all requirements for licensure are not met within the time period required by regulation, a new application must be submitted with the required fee. You may request a copy of the applicable regulation from the address on page 1 of this application.

~ If You Separate to Complete, Please Restaple All Pages Together ~

## VERIFICATION OF EMPLOYMENT

### To the Applicant

Complete the top portion of this Verification of Employment form. In the spaces below, list a past employer who will verify that you worked as a nurse 500 hours during the past five years. **THE EMPLOYER MUST DIRECTLY MAIL OR FAX THIS FORM TO THE KENTUCKY BOARD OF NURSING.**

Applicant's Last Name:

Applicant's First Name:

SS #:  -  -

Year of Graduation From Basic PON:

Employed As: RN ☐ LPN ☐

Employing Facility:

Facility's Address:

City:  State:  Zip:  -

Facility's Phone #:  -  -  Employed From (Month/Year):  -  Employed To (Month/Year):  -

### Application Type

Endorsement ☐ Reinstatement ☐

DO NOT WRITE BELOW THIS LINE

INFORMATION BELOW THIS LINE IS TO BE COMPLETED BY A PREVIOUS EMPLOYER

### To the Employer

Complete this portion of the Verification of Employment form, and then MAIL OR FAX THIS FORM DIRECTLY TO THE KENTUCKY BOARD OF NURSING.

Has the above named individual been engaged in active nursing practice for at least 500 hours during the past five years at this facility?

Yes ☐  
No ☐

If no, list the number of hours of practice: \_\_\_\_\_

Facility Name

Employer's Name (Please Print)

Title & Phone #

Employer's Signature

Date

### Office Use Only

Person Contacted at Above Facility: \_\_\_\_\_

Employment Verified?

If no, explanation rec'd: \_\_\_\_\_

Title of Person Contacted: \_\_\_\_\_

Yes ☐ No ☐

Date & Time Contacted: \_\_\_\_\_

